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Julia M. Eckstein wants to change MO-Smoking to **NO**-Smoking

An exclusive interview with the director of the Missouri Department of Health and Senior Services



Photos by Kristi Hart

Tobacco use ranks number one on Missouri's list of preventable causes of death. Additionally, billions of dollars are spent annually to treat tobacco-related illness in Missouri. As the state's health director how do you use your position to increase the public's awareness of this critical health issue?

Julia M. Eckstein:

Probably the most important thing I do is to take every opportunity I can to talk about it. I do many presentations throughout the state. I have many opportunities to talk with the Governor's office, with my colleagues in other departments and with the legislature. You name it, whenever anybody will give me time to talk, I will, and this is one of those issues that is just so critical.

I think everybody here in the department has heard me say many times that we're the most important department in state government, because health is everything. It is so easy to give that speech. To be sure, we've got great partners in other state agencies who also care about health. But we are the suppliers of health information and it is incumbent upon us to do that job. Missouri needs a healthy workforce for economic development and healthy students in the educational system. Missouri's quality of life suffers if we don't do our job well.

We work to establish a culture of health because that is the only way we'll ever improve as a state, as a nation and as a society is to realize that everything around us impacts our health. It's not just our lifestyle choices, but it's our environment as well—the secondhand smoke issues, the public policy issues, the design of our communities and on and on. Everything impacts health. We must make sure people understand that.

My role is to make sure people understand the data, understand the imperative, understand how critical it is. I want to help Missourians understand the costs of tobacco use. I love this role and I am pretty relentless. I don't give up. Part of the reason I took this job was to have the opportunity to make changes with things that I am passionate about.

(continued, next pg.)

What is the most significant barrier for reducing tobacco use in Missouri, and how can you use your leadership to overcome it?

Julia M. Eckstein:

Probably the biggest barrier is that we're human. To use tobacco is a human decision. It's our free will. You know, we Missourians like our independence and that means being free of rules and regulations. But that freedom creates challenges. Education must keep pace with society's need to change.

Throughout my career, I've worked with readiness-to-change models. We can talk until we're blue in the face, but if somebody's not ready to make a change, they're not going to. With any initiative, any issue, education is always the first thing. We must do all we can to help people understand the tobacco issue: What is the impact of smoking to myself and to others? What does this mean to me as an employer? What's it going to mean for me today, tomorrow and ten years from now?

In spite of all our best intentions and good works, sometimes people, and especially young people, stubbornly believe they'll live forever. In these cases, even though it is a barrier to human behavior, enacting public policy is the only viable alternative.

Smokefree policy in workplaces is a fine example. That is an important development that is happening at both the state level and the local level throughout our society. I spent time in Boston in June, and that's a smokefree city. It was phenomenal!

It was just fantastic! There was no shortage of customers in any establishment we could see. One evening my husband and I dined in a popular sports restaurant, and it was packed. I only noticed one person get up to leave to go smoke. He went outside

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and smoked and came back in.

Society must change for the better. Nowadays people wouldn't dream of lighting up during public outings in places like churches or airplanes, yet they somehow separate the public experience of dining or going out.

One of my most enjoyable exercises as a public health professional is role modeling. I'm reminded of one of the first meetings I had with one of our local public health agencies. It was in Columbia. I'll never forget this one; it was fun. I was really involved with the tobacco issue in my own commu-

nity and it has become my habit to make an effort to avoid establishments that allow smoking. I try to vote with my pocket book. I asked the person riding with me if they knew whether or not our destination was a smokefree restaurant, and they didn't,

so I said, we're going to find out before I eat there. We went into the restaurant. The local public health administrator was waiting for us and told us the place was not smokefree, so I told them I wanted to go somewhere else.

But before we left that smoke-filled restaurant, I asked to see the manager. I told the manager, we would not be dining there because they allowed smoking and that having a smoking section in a restaurant is like having a peeing section in a swimming pool. When you give people the graphic image that says you can't separate air any better than you can separate water, you know, it's something memorable.

They can remember that line. It kind of makes it a little bit fun at the same time. I'm not going to spend my money where it's also costing me a negative impact on my health.

As health professionals, we need to do that. Whenever I schedule meetings or when I have the power to schedule with a group, I insist that the facility be smokefree. Sure it may be difficult in this town (Jefferson City), but if we're not willing to do that as public health professionals, my gosh, how can we expect anybody else to?

What strategies for reducing tobacco would you like to see implemented in Missouri that aren't in place now? What is being done that you would like to see more of?

Julia M. Eckstein:

We definitely need more public policy in place that would eliminate smoking in worksites. And basically the term worksite means any public place that has employees. I would definitely like for it to be statewide. It would be more equitable if it was statewide. There is always that concern about losing business to neighboring municipalities.

There are legislators who are interested in this. I'm going to continue to give them any information that they need and help support them in that and make that happen.

Another important, important piece has been the Medicaid Reform Commission. We have had so many conversations in that commission about prevention and about lifestyle and responsibility, which is totally different from where, I think, they expected to go. I went into that commission saying this is my role; I am going to ensure that we have something that is more about responsibility and lifestyle choice than just another insurance product that does nothing to improve health. It's got to be about health improvement for this population we serve.

Early on, I was joking with the legislators on the commission saying, "Can I get that in writing to bring back in January?"

People on the commission now have heard this enough that they are repeating it. I think that we can get there.

It depends on what else is going on in this session. Last session I know there was a leader on the House side who wanted to do something. He had to consider the other issues and what coalitions would need to be built. It wasn't the right time between Medicaid, budget cuts, and the school funding formula. I'm hopeful that this time it will be different.

There are legislators who are interested in this. I'm going to continue to give them any information that they need and help support them in that and make that happen.

As you know, Missouri has the second lowest state excise tax on cigarettes in the nation. The Community for a Healthy Future announced plans to launch a voter petition initiative campaign to increase it. What is the Department of Health and Senior Services' position on increasing this tobacco user fee?

Julia M. Eckstein:

State agencies are not allowed to take positions on ballot initiatives. What we can do, and will continue to do, is provide as much data and information to whoever requests it. That is our role as the state health agency, to be data collectors and a science-based organization that will provide facts and education to any group or any individual who asks for it. But we won't be taking sides on ballot initiatives.

At the same time, we know scientifically what our evi-

That is our role as the state health agency, to be data collectors and a science-based organization that will provide facts and education to any group or any individual who asks for it.

dence-based data teaches—that the higher the cost the less people smoke, especially youth. We certainly want to do as much as possible to reduce use, but on this issue we simply cannot be any more directly involved.

Apart from the staggering and irrefutable public health statistics, one thing that seems to motivate people who promote the prevention of tobacco use is a sense of personal loss caused by tobacco use. Do you have one of these stories?

Julia M. Eckstein:

Yes, and it's one that's pretty recent. But, you know, even before that, because I was so involved, I have just always hated tobacco use. For me it represented a loss of independence. I remember for years and years going to social events like wedding receptions where people smoked and having to leave early because my eyes would just be burning so badly and my stomach would hurt. Still, to this day, if I'm around smoke I get an upset stomach and cannot stand it—headache, whatever. And boy, look how far we have come. For our kids, having somebody smoke in church, on the airplane or at a wedding reception, that is not the norm anymore. For them it's like an 8-track tape—you know, what is this? Early on it was just my interest in health and not wanting my rights violated. Sure, you can smoke but don't put it in my air. If it's air that I have to breathe, then you've violated my rights to clean air.

But this past July 5th, one of my best friends died from cancer. He smoked, and he was only 48. He had quit. I had harassed him long enough that he had quit in 1999, but it wasn't soon enough. He was supposed to come to our house for Easter, and he didn't show. I called him, and he wasn't feeling good. The

next day he was scheduled to receive treatment for a blood clot in his leg. They put him on blood thinners and sent him home. The next week he had another blood clot. He was on too many blood thinners for that to have happened for any other reason than cancer.

I kept thinking about that with him. It was in his lungs—they were cancerous.

It was a pretty nasty experience for us from that Easter until July 5th. He had three brothers who lived out of state, but nobody in town. So I and another friend were his family. Having a health care background, I took care of him. I was with him at the hospital and was there any time the doctor came and gave updates. I arranged for his in-home care when we took him out of the hospital and was there when he died. So, yeah, it's devastating to see it happen and when you know it's because of the smoking.

To me, one of the most powerful images is the sight of healthy lungs versus diseased lungs. That can make an impact on kids who often feel invulnerable. I kept thinking about that with him.

It was in his lungs—they were cancerous. From there, it moved quickly to his brain. Through the entire process, I kept thinking about what could be done to make sure other people don't live through this.

Interestingly, we had a mutual friend who also smoked. Throughout this ordeal, I kept telling him, "you'd better not do this to me, too." I've been harassing him, as well, telling him, "your wife and your six kids don't want to lose you. You need to stop." He promised me he'd work on it. Finally at the end of the year right before the holidays he did quit. Although, I think within the last couple of months he may have started again. But at least he's working on it.

Yeah, it devastating, it's a loss of a life. I mean, . . . best friend . . . sad to see. He was really involved in the health coalition where I worked for a long time. He was on the board, he was one of the main people. He hosted a television show called HCTV (Healthy Communities Television) that we did on our cable network. So he talked about this topic a lot. I mean, he knew it, and, you know, . . .

it got him . . .
it got him.

Finally, what would you like to say to our partners across the state who work tirelessly to reduce the impact of tobacco use and the exposure to secondhand smoke?

Julia M. Eckstein:

Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. Thank you. You know, you are the heroes. While some people sit back and complain or moan and groan, or whatever; it takes a different kind of person to act—to not sit on their laurels but to go tell people how passionate they are, show how passionate they are and talk to the decision makers. They go to their local city councils and county councils and boards of alderman and decision makers and business leaders and everybody that's necessary to make a change in their communities. You know, the action, the doing, it's on-going. Boy, there are people who have been at this for years and years and they don't give up. They are the heroes who will continue to stay the course until our vision is realized. Our vision of a healthier community. Our vision of a healthier state. Our vision of a smokefree environment where our kids don't even think about smoking, because it is not the cool

thing to do, where they automatically think, "why would you do that?"

I'm really grateful that my kids are growing up with those kinds of messages these days. I have two teenage boys and a six-year-old girl. I don't think that there's any way they would ever smoke.

The six-year-old, when she sees someone smoking, she says, "Ooh mommie, there's someone smoking." I'm like, "yeah, isn't that gross?"

So, those messages, I want it to get to the point in our society where smoking is just not around anymore. We've made great progress. Look at the rates of tobacco use over the years, but it's still not good enough. I'm amazed when I drive down the street and see somebody smoking in a car. Smoking is still much more prevalent than it should be. It's an addiction; it's just a powerful addiction. My gosh, the evidence is irrefutable.

You know, you are the heroes.